



Williamsburg Parks and Recreation Department

Registration & Release Form

Name of Registrant: _____

Date of Birth (if under 18): ____/____/____

Name of Parent (if student is under 18 years of age): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Please Check Residency: ☐ Williamsburg ☐ James City ☐ York ☐ Other

E-Mail Address: _____

"Please do not disclose my email address for purposes other than electronic notification from the City of Williamsburg."

Would you like for this email to be used to get specific information about athletic programs? ☐ Yes ☐ No

Would you like your email address added to the *Leisure Times* Quarterly Newsletter mailing list? ☐ Yes ☐ No

Release & Indemnity Clause

Must be signed in order to participate with Williamsburg Parks and Recreation Activity.

In consideration and as a condition of the above identified registrant's participation in program(s) identified herein, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program(s).

_____/_____/_____
Signature of Registrant / Parent or Guardian (if under 18 yrs of age) Date

Printed Name

Note to Parents: Please note that instructors are NOT responsible for students before or after scheduled times of programs.

Note to Registrant: It is the registrant's responsibility to provide updated information to Williamsburg Parks and Recreation.

Make Checks Payable: Williamsburg Recreation
202 Quarterpath Road, Williamsburg, VA 23185